

Date Received:	-
Check Amount:	_
Check Number:	_

2017 Membership Application

Business/Farm Name:			
Contact Person:			
Business County:			
Business Address:	City	State	Zip
Mailing Address:	City	State	Zip
Email:	Phone Number(s):		
Website:	Facebook:		

Membership Options (Check One)

Active

Agritourism farms /direct marketer's farm operation

(1st time active members will receive a metal agritourism liability warning sign with membership)

\$45.00

Associate

Off-farm venues / nonprofits /non-farmers supporting SCAA Mission goals

\$35.00 _____

Corporate

Business/agency/forprofit entity supporting SCAA Mission goals

\$75.00 ____

*Please make check payable to the South Carolina Agritourism Association.

Mail check and membership form to:

Jackie Moore, SCDA

P.O. Box 11280

Columbia, SC 29211

^{* 2017} membership will be valid from date of receipt until December 31, 2017